

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

*Rec'd
4/15/94
JF*

In re: Paula Tomascak. H.C.

Petition No. 931026-20-016

CONSENT ORDER

WHEREAS, Paula Tomascak, of Danbury, Connecticut (hereinafter "respondent") has been issued license number 009234 to practice the occupation of hairdresser and cosmetician by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That during all times relevant to this Consent Order she owned and operated Guys and Dolls Hair Salon in Brookfield, Connecticut.
2. That she employed Adelle Robin Mazzacane, whose hairdresser and cosmetician license expired in November 1990, as a hairdresser and cosmetician from June 1992 to September 1993 though she should have known that Ms. Mazzacane's hairdresser and cosmetician license had expired.
3. That the conduct described in paragraph 2 above fails to conform to the accepted standards of the occupation of hairdresser and cosmetician in violation of Connecticut General Statutes §§20-257 and 20-263.

NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees to the following:

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1. That she waives her right to a hearing on the merits of this matter.
2. That her license is hereby placed on probation for two (2) years subject to the following terms and conditions:

(a) She shall pay a civil penalty of four hundred (400.00) dollars by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable ^{in two installments} at the time \$200.00

respondent submits this executed Consent Order to the Department, and \$200.00 within thirty (30) days of the date this order is fully executed.

(b) During the period of probation she shall submit on a quarterly basis a sworn affidavit to the Department containing a list of all of the hairdressers and cosmeticians employed by her or in her salon during the preceeding three (3) months along with a copy of each employee's license. The first such report is due on the first day of the fourth month after the effective date of this Consent Order.

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(c) All correspondence, checks and/or reports required under the terms of this Consent Order shall be sent to:

Lynne Hurley, Investigator
Public Health Hearing Office
150 Washington Street
Hartford, CT 06106

- (d) She shall notify the Department of any change in her home and/or business address within fifteen (15) days of any such change(s).
3. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
 4. That any deviation by the respondent from the terms of her probation specified in paragraph 2(a) through (d) or any other provision of this Consent Order shall constitute a violation of probation and may result in summary action or the following procedures:

- (a) That she will be notified in writing that the term(s) of her probation or of this Consent Order have been violated provided that no prior written consent for deviation from the term(s) has been granted by the Department.
 - (b) That said notification shall include the act(s) or omission(s) that constitute a violation of her probation or this Consent Order.
 - (c) That she will be allowed fifteen (15) days to demonstrate to the Department that she was in compliance with the term(s) of her probation or of this Consent Order, or to cure such violation(s).
 - (d) That if she does not demonstrate compliance or cure the violation(s) by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, additional disciplinary action may be taken following notice and an opportunity to be heard by the Connecticut Board of Examiners for Barber, Hairdressers and Cosmeticians (hereinafter the "Board").
 - (e) Evidence presented to said Board at such hearing by either the Department or respondent shall be limited to the alleged violation(s) of the term(s) of probation or of this Consent Order.
5. That any violation of the term(s) of her probation or of this Consent Order also authorizes the Department to seek summary suspension of respondent's license. Respondent specifically waives the provisions of Connecticut General Statutes §§4-182(c) and 19a-17(c) which require a finding of an emergency and a clear and immediate danger to the public health and safety, respectively. Respondent agrees that any violation of the terms of this Consent Order shall constitute grounds for summary action.

6. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
7. That she understands that this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board (1) in which her compliance with the Consent Order is at issue or (2) in which her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
8. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said Consent Order is not subject to appeal or review under provisions of Chapter 54 or 368a of the Connecticut General Statutes, provided that this stipulation shall not deprive her of any other rights she may have under the laws of the State of Connecticut or of the United States
9. That this Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
10. That this Consent Order is effective the first day of the next month after which the seal of the last signatory is fixed to this document.
11. That she permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Connecticut Department of Public Health and Addiction Services to present this Consent Order and the factual basis for said Consent Order to the Board. She understands that the Board has complete and final discretion as to

whether or not an executed Consent Order is approved or granted. She further agrees that the pre-hearing review form signed by her is incorporated by reference into this Consent Order.

12. That she has the right to consult with an attorney prior to signing this document.
13. That this Consent Order is a matter of public record.

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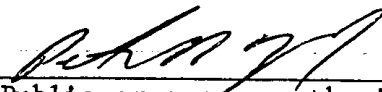
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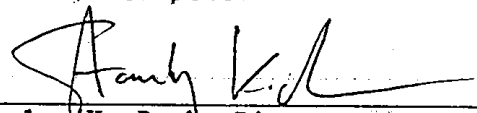
I, Paula Tomascak have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Paula Tomascak

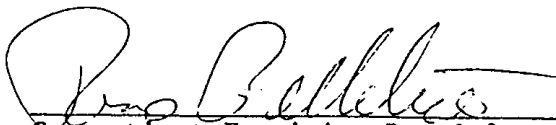
Subscribed and sworn to before me this 14th day of January 1993.


Notary Public or person authorized
by law to administer an oath or
affirmation *Commissioner Superior Ct*

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 7th day of February 1994, it hereby accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians on the 25th day of March 1994, it is hereby ordered and accepted.


Connecticut Examining Board for Barbers
Hairdressers and Cosmeticians



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 25, 1996

Ms. Paula Tomascak
101 South Street
Unit #18
Danbury, Connecticut 06810

Re: Consent Order
Petition No. 931026-20-016
License No. 009234 *H/C*



Dear Ms. Tomascak:

Please accept this letter as notice that you have successfully completed the terms of the above-referenced Consent Order, effective April 1, 1996.

Notice will be sent to our Licensure and Registration section to remove any restrictions from your license related to this Order.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton
Nurse Consultant
Legal Office

cc: Debra Tomassone



Phone: (860) 509-7651

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12 INV

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